



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TALE90217-000

INSTALLATION ADDRESS

SARAM CLEANERS INC MILL CLEANERS
12140 BOSTON POST ROAD
MAMARONECK NY 10543

12140 BOSTON POST ROAD
MAMARONECK NY 10543

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the Instructions Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C	
C	

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)	Westchester 119
ENVYD982275240 I/A C F 1		870922	

I. Name of Installation

SARAH CLEANERS INC MILL CLEANER R

II. Installation Mailing Address

Street or P.O. Box

31214 C BOSTON POST ROAD

City or Town

State

ZIP Code

MARLBOROUGH NY 10543

III. Location of Installation

Street or Route Number

31214 C BOSTON POST ROAD

City or Town

State

ZIP Code

MARLBOROUGH NY 10543

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

SARAH CHOUKHOVICH 914

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

SARAH CHOUKHOVICH

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- 1a. Generator
- 2. Transporter
- 3. Treater/Storer/Disposer
- 4. Underground Injection
- 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
 - a. Generator Marketing to Burner
 - b. Other Marketer
 - c. Burner
- 1b. Less than 1,000 kg/mo.

- 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
 - a. Generator Marketing to Burner
 - b. Other Marketer
 - c. Burner
- 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- A. Utility Boiler
- B. Industrial Boiler
- C. Industrial Furnace

VIII. Mode of Transportation (transporters only -- enter 'X' in the appropriate box(es))

- A. Air
- B. Rail
- C. Highway
- D. Water
- E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- A. First Notification
- B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



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(VERIFICATION)

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EPA I.D. NUMBER

NYD-825234-F

MILL SQUARE CLEANERS
1214C BOSTON POST ROAD
HAMARONECK NY 10543

INSTALLATION ADDRESS

1214C BOSTON POST ROAD
HAMARONECK NY 10543



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

06/24/96

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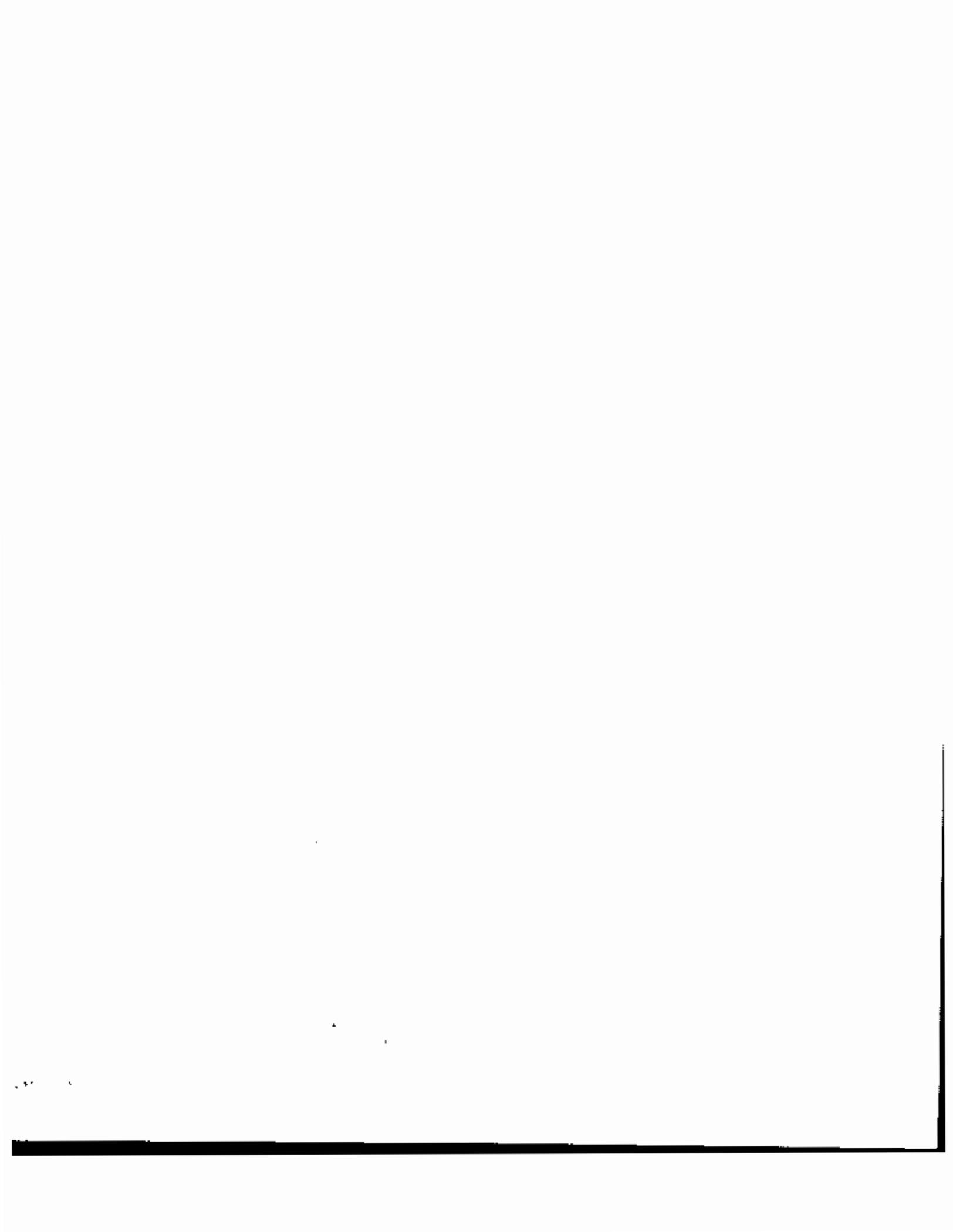
EPA I.D. NUMBER ->	NYD982528440
FACILITY NAME ->	MILL SQUARE CLEANERS
MAILING ADDRESS ->	1214 E BOSTON POST RD MAMARONECK, NY 10543
INSTALLATION ADDRESS ->	1214 E BOSTON POST RD MAMARONECK, NY 10543

EPA Form 8700-12AB (4 80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: HOUSHNEJAD, REZA K
OWNER
MILL SQUARE CLEANERS
1214 E BOSTON POST RD
MAMARONECK, NY 10543



WSPU EPA

Please print or type with CLIFF type (12 characters per inch) in the unshaded areas only

Form Approved 1-1-79 GSA Gen. Reg. No. 27

Please refer to the instructions for filling out this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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Waste (WSPU)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NYD982528440

II. Name of Installation (Include company and specific site name)

MILL SQUARE CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1214 E BOSTON POST RD

Street (continued)

City or Town

MAMARONECK

State

ZIP Code

NY 10543-

County Code, County Name

WEBSTER

IV. Installation Mailing Address (See Instructions)

Box

1214 E BOSTON POST RD

State

ZIP Code

MAMARONECK NY 10543-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

HOUSHNEJAD

(first)

REZAK

OWNER

Phone Number (area code and number)

914-381-2800

VI. Installation Contact Address (See Instructions)

A. Contact Address Location: Mailing

B. Street or P.O. Box

1214 E BOSTON POST RD

City or Town

MAMARONECK

State

ZIP Code

NY 10543-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

REZAK HOUSHNEJAD

Street, P.O. Box, or Route Number

1124 E 30ST 2nd FLOOR

City or Town

COLLEGE POINT

State

ZIP Code

NY 11356-

Phone Number (area code and number)

718-939-8976

B. Land Type

C. Owner Type

D. Change of Ownership Indicator

(Date Changed Month/Day)

01/29/96

A. First Notification
 B. Subsequent Notification (complete item C)

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

IX. First or Subsequent Notification

A. Air B. Rail C. Highway D. Water E. Other (specify)

VIII. Mode of Transportation (transporters only - enter 'X' in the appropriate boxes)

A. Utility Boiler B. Industrial Boiler C. Industrial Furnace

Which hazardous waste fuel or oil specification used or off-specification used on fuel is burned. See instructions for definitions of combustion devices.)

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or oil specification used or off-specification used on fuel is burned. See instructions for definitions of combustion devices.)

1a. Generator 1b. Less than 1,000 kg/mo. 2. Transporter 3. Treater/Sorter/Disposer 4. Underground Injection 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)

a. Generator Marking to Burner b. Other Marketer c. Burner

a. Generator Marking to Burner b. Other Marketer c. Burner

7. Specification Used Oil Fuel Marketer (or On site burner) Who first Claims the Oil Meets the Specification

B. Used Oil Fuel Activities

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Name of Installation's Legal Owner
 B. Type of Ownership (enter code)

V. Ownership

Name and Title (last, first, and job title)
 Phone Number (area code and number)

IV. Installation Contact

City or Town
 Street or Route Number
 ZIP Code

III. Location of Installation

City or Town
 State
 ZIP Code

II. Installation Mailing Address

Name of Installation

EPA ID Number
 Date Received (yr. mo. day)
 Approved

Comments

For Official Use Only

EPA Notification of Hazardous Waste Activity

United States Environmental Protection Agency
 Washington, DC 20460

Please refer to the instructions for filing notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Signature: *[Handwritten Signature]*
 Name and Official Title (Type or Print): *Attila C. K. K. K.*
 Date Signed: *1/15/88*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

XI. Certification

1 Ignitable (10001)
 2 Corrosive (10002)
 3 Reactive (10003)
 4 Toxic (10004)

E. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

49	50	51	52	53	54
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D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

X. Description of Hazardous Wastes (Continued from front)

W					
C					
T/A					

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